

A Simple Electrosurgical Treatment of Rhinophyma

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RHINOPHYMA, the so-called "potato-nose," is a fibrous hyperplasia of the skin of the nose and adjacent cheek regions. It is practically unknown in women and is apparently becoming rarer in men. Contrary to popular belief, it is by no means always the result of alcoholic indulgence, although alcohol exacerbates rosacea, the common precursor of rhinophyma. Treatment is indicated if the condition causes ugly deformity or impairment of breathing.

PATHOLOGY

Rhinophyma is fibrous hyperplasia of the nasal skin resulting from chronic and recurrent inflammation of the sebaceous glands of the skin. Usually it follows long-continued and intractable rosacea in which recurrent congestion of the superficial capillaries and veins ultimately leads to a sort of vascular fatigue or paresis. Besides the general hyperplasia, there is pronounced dilation of the sebaceous follicles and telangiectases which combine to cause serious distortion of the whole organ.

TREATMENT

The classical treatment of this condition consists of simply shaving down the hypertrophied skin until normal contour is obtained. If the periosteum or perichondrium is not exposed, epithelial regeneration from the sebaceous glands is rapid. An objection to this method is that, owing to the extreme vascularity of the involved skin, there is so much bleeding during operation that accurate sculpturing of the nose is virtually impossible.

This objectionable feature of the operation has been overcome by substituting the electrosurgical knife for the cold knife. The operation is performed in one stage under pentothal anesthesia and the operating time required is 30 minutes or less. Any standard electrosurgical unit with both cutting and coagulating currents may be used. A variety of cutting "tips" should be available. The surgeon should be comfortably seated with easy access and a good view of the patient's entire face. The authors use Physoderm® with dexachlorophene for preoperative antisepsis of the patient's face. Using the cutting current of the electrosurgical unit, the nose is sculptured down to normal contour just as though the work were being done on an inanimate medium. The cutting current seals the smaller capillaries and as the larger vessels are encountered the bleeding is controlled by switching from a cutting to a coagulating current. The electrosurgical cutting tips must be kept free of coagulated tissue by scraping them with a knife. As the nose assumes a more normal contour, smaller points are used to curve the alar

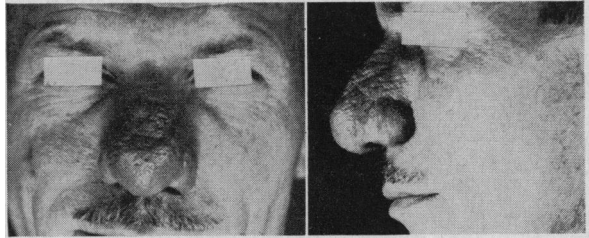


Figure 1.—Typical case of rhinophyma before operation.



Figure 2.—Same patient as in Figure 1. Final results six months after operation.

and add artistry to the completed job. When the sculpturing has been completed, hemostasis is obtained by coagulation of vessels from which bleeding persists, but care must be used not to destroy tissue. The procedure described is also carried to the involved skin on the cheeks adjacent to the nose.

Postoperatively, the area is treated just as though it were a burn. A bland ointment and a gauze pressure dressing are applied. The external portion of the dressing is changed as it becomes moist. In the second week, areas of sloughing occur. This stage is best handled by alternating wet boric acid or saline compresses with ointment dressings. Healing begins as soon as the sloughed material separates and is generally complete by the fourth or fifth week.

The epithelial covering is at first pink and fragile. It must be protected from sun, wind and direct trauma until the epithelium becomes thickened, toughened and attains normal circulation.

Precautions:

1. Because this is an elective procedure, the patient should be in as good general health as possible. Most of the patients requiring the operation are elderly, and a thorough physical checkup is indicated.
2. The anesthetic must be non-explosive.
3. The excision of tissue must not be carried so deeply that the bone or cartilage is exposed, for then spontaneous epithelialization would not occur

and subsequent skin grafting would be necessary.

4. The excision must not be carried inside the nares lest cicatricial stenosis result. (If an error is made on the conservative side, further touch-up can always be done later.)

5. Infection should be watched for and treated if it occurs. (Infection has not occurred in any of the cases in the author's experience.)

CASE REPORT

A white male, aged 41 years, a salesman, consulted the authors because his prospective clients were so fascinated by his nose that he was failing in his work. There was no history of undue exposure to elements or excessive use of alcohol. General health was good. Rosacea of the nose had been present for four years with progressive development of

rhinophyma in the past two years. Six months previously, a series of six x-ray treatments had been given with no appreciable change in the condition.

Physical examination revealed the typical rhinophyma shown in Figure 1. There were no other pathological findings.

Operation was performed as previously described in this presentation and the patient left the hospital the following day.

Sloughing of the area occurred but the sloughed material had completely separated by the eighth postoperative day and healing was rapid. The patient returned to work 26 days after operation and has remained entirely well for more than three years.

The final result, six months postoperatively, is shown in Figure 2.

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